

**This is an amendment I made on 3.10.10**

**Questions & Answers for Funding Opportunity Announcement  
CDC-RFA- PS10-1078 March 10, 2010**

Question: What is an “Applicant’s Corporate Capability Statement”?

Answer: A corporate capability statement tells potential clients what you or your organization and staff are capable of. It highlights what your future capability is and reflects on your past successes.

Page 52: **Appendix A. was added.**

**Questions & Answers for Funding Opportunity Announcement  
CDC-RFA- PS10-1078 March 4, 2010**

- As defined by the RFA, would Moz-registered NGOs like I-TECH Mozambique and others be considered "local partners"? Or are local partners only Mozambican initiated and staffed organizations that do not have offices in other countries?

This is boiler language giving preference to local NGOs - see definition in the FOA; this does not preclude them from applying. The Funding Opportunity Announcement is open to all potential applicants identified in Section IV.1 Eligible Applicants. The definition of local partner has no bearing on eligibility.

- For evidence of legal organizational structure: does this include I-TECH Mozambique’s registration documents/license as well as those of the university that would be prime on this grant? Do you also need an organizational chart and does it have to be person-specific? Anything else to cover that requirement?

They will need to show documents that register them as an NGO in the US (this is the same required info included in all our FOAs) if they are applying from the US. This will also benefit from including an organizational structure that shows how that structure will support and address the needs of the FOA.

- Can we only get our answers from Grants.gov Q&A, or will you forward CDC-MOZ response?

Answers will be provided via Grants.gov. You will be notified via email when the Q&A is posted.

- We need clarification about the 8% rule mentioned on page 14 of this RFA. I believe that this means we apply the 8% indirect rate to this grant (as it has for the last 4 years that we've been receiving this grant through AIHA). Others think it

means we can use the 26% (off campus) indirect rate, as long as doesn't exceed \$2M.

As far as the 8% rule is concerned, it affects our award decision. As stated in the FOA, any applicant whose total PEPFAR funding for the country in a US fiscal year exceeds the 8% or \$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this FOA unless the US Global AIDS Coordinator approves an exception to the cap. All of this is clearly stated in the FOA.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Disease Control and Prevention (CDC)

Scaling up Comprehensive Positive Prevention under the Presidents Emergency Plan for  
AIDS Relief, in the Republic of Mozambique

Under the President's Emergency Plan for AIDS Relief (PEPFAR)

**I. Authorization of Intent**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-PS10-1078

**Catalog of Federal Domestic Assistance Number:** 93.067

**Application Deadline:** March 17, 2010

**Key Dates:**

***Note: Application submission is not concluded until successful completion of the validation process.***

***After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee***

*that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.*

*In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.*

**Authority:**

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008).

**Background:**

The President’s Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the initial five year period, 2003 - 2008 is available at the following Internet address: <http://www.pepfar.gov>.

**Purpose:**

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses on multiple program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance

programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, grantees may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation.

Currently, HIV prevalence in Mozambique is approximately 16% and 1.6 million people are living with HIV. 385,000 HIV-infected Mozambicans are estimated to be in need of antiretroviral therapy (ART), and approximately 149,000 individuals are receiving treatment. Through ongoing scale-up more individuals are expected to begin ART with concomitant decreased morbidity and mortality and increased life expectancy. These important improvements in the health and well-being of people living with HIV/AIDS (PLHIV) can also bring new challenges, including in the area of prevention.

The main HIV prevention goals for many countries, including Mozambique, have been to reduce HIV acquisition and to increase HIV testing in order to produce heightened serostatus awareness. Recently, convincing evidence based on research from the United States (US), Kenya, and Uganda has been cited to make the case for including HIV-infected individuals in the effort to prevent new HIV infections. This paradigm shift highlights the need to understand the prevention needs of HIV-infected individuals and recognizes that changes in the risk behaviors of HIV-infected individuals are likely to have a greater impact on the spread of HIV than comparable changes in the risk behaviors of HIV-negative individuals. The objectives of prevention efforts with PLHIV, referred to as Positive Prevention (PP), are to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers, as well as to protect the health of infected individuals as part of a comprehensive HIV prevention approach.

The rapid scale-up of HIV care and treatment in resource-limited settings has provided an opportunity to reach many HIV-infected individuals with prevention messages and interventions within HIV settings. While behavioral interventions effective for HIV-negative persons may be adaptable in some ways to interventions for HIV-infected persons, the needs and motivations for HIV-infected persons are likely to be quite different. These differences include disclosure to partners, preventing transmission to partners or unborn children, stigma of HIV infection, and negotiating sexual relationships as an HIV-infected individual. In addition, community-based services for PLHIV are integral for accessing PLHIV who are not treatment eligible and who do not receive

clinical services. Community-based services can provide an opportunity to reinforce messages that PLHIV receive from their providers.

However, in both clinical and community settings, HIV prevention is rarely incorporated into services for PLHIV, resulting in missed opportunities to reach PLHIV with programs to reduce HIV transmission to others. The purpose of this announcement is to support a comprehensive PP strategy that incorporates all relevant interventions to prevent the onward transmission of HIV. Interventions will also protect participating PLHIV against possible HIV infection, acquisition of sexually transmitted infections, and unintended pregnancies which could lead to onward transmission through mother-to-child transmission. Relevant evidence-based interventions that comprise a comprehensive PP strategy include STI management, family planning counseling and services, adherence counseling, alcohol reduction counseling, HIV counseling and testing for partners and families, education for correct and consistent condom use, condom promotion and distribution and disclosure counseling and support. Appropriate referrals should also be part of the strategy, including linkages to care and treatment services for HIV-infected individuals, as well as linkages to HIV prevention services (e.g. male circumcision) among HIV-negative individuals. Related wrap-around programming, such as income generation and food support, should be considered to maximize programmatic impact.

Currently, HHS/CDC in Mozambique is supporting a PP demonstration project in two provinces that targets providers in facility- and community-based settings, including physicians, nurses, counseling and testing staff, home-based care staff, adherence support

staff, support groups, and other site staff who were trained using country-specific materials. PP training materials have been adapted to represent the context of risk and HIV care in Mozambique, and the curriculum consists of 20 hours delivered over a one month time period at participating clinic and community-based sites. Materials include the following eight modules: (1) Course Overview and Introduction to PP; (2) Introduction to Prevention Counseling; (3) Risk Reduction and Prevention Messages; (4) Discussing Disclosure; (5) Sex and Sexuality, Negotiation, and Family Planning; (6) Prevention of Vertical Transmission; (7) Living Positively; and (8) Workshop Conclusion (see Appendix A for the PP intervention curriculum table of contents).

The PP training focuses on building skills, increasing comfort and sense of responsibility among service providers to address HIV prevention needs with HIV-infected clients. Outcomes of the training include a demonstrated ability to address PP, assess individual (PLHIV) transmission risk behavior and prevention needs, and to identify both HIV behavioral and treatment strategies that address prevention of HIV transmission. Case studies are used to illustrate PP strategies that are appropriate to Mozambique including delivering prevention messages, encouragement of partner testing, supporting disclosure to family and partner, adherence to PMTCT and ARV treatment regimens, and pregnancy planning. Outcomes of the training include a demonstrated ability to address PP, assess individual transmission risk behavior and prevention needs, and identify HIV behavioral strategies that address prevention of HIV transmission. An impact evaluation of the training intervention is in process.

In addition, HHS/CDC in Mozambique has supported an assessment to measure interest, acceptability and capacity to implement PP interventions. Feedback suggests that a participatory approach has been vital in the adaptation and implementation of PP activities. Peer support group members have reported increased disclosure to family and partners, knowledge of risk reduction, and the importance of HIV treatment.

Current monitoring activities have include data on number of clinic patients being counseled on HIV prevention; surveys and quarterly group meetings also indicate increased need for clinician education about engaging and supporting women in PMTCT efforts.

The goal of this project is to implement a PP program that will address the prevention needs of PLHIV and ultimately impact HIV transmission rates in Mozambique. The PP program in Mozambique uses three key approaches towards attaining this goal:

1. Provide training and technical assistance on PP to HIV service providers, including PEPFAR clinical services partners. Service providers can include healthcare workers, testing and counseling staff, and peer educators.
2. Integrate HIV prevention into existing HIV program activities, including facility-based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.), and community-based settings (community HIV counseling and testing, peer support programs, etc);
3. Work closely with the Government of Mozambique to support planning, implementation, and monitoring and evaluation of PP interventions.

Recipients (grantees) will be expected to continue the implementation of positive prevention services as described here, based on existing achievements in Mozambique and seeking to improve services (e.g. curriculum modifications if needed) and scale up access to PP (e.g. through integration of PP services in existing HIV activities). In addition to maintaining the existing HHS/CDC activities in Mozambique, grantees will also focus on supporting the expansion in both geographical coverage and technical scope of prevention for PLHIV in the respective region, in line with Government of Mozambique and PEPFAR Mozambique goals.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s):

1. Number of individuals (healthcare providers and counselors) trained to implement PP interventions:
  - A minimum of 1,000 individuals, tracked by professional cadre and geographic area, will be trained during the duration of this project
  - A minimum of 30 facilitators, tracked by professional cadre and geographic area, will be trained to provide PP training.
  
2. Number of individuals reached with minimum package of PP interventions:

- A minimum of 350,000 individuals, tracked by age, sex, and location (facility and community based settings), will be reached during the duration of this project with prevention messages.

Other measurable outcomes will include:

Approved and disseminated policy and materials for PP interventions, either at national level or individual provincial level;

Capacity building for sustainable PP interventions

This announcement is intended for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If an applicant proposes research activities, HHS/CDC will not review the application. For the definition of “research,” please see the HHS/CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchdefinition.htm>

## **II. Program Implementation**

### **Activities:**

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Mozambican population and must also coordinate with activities supported by Mozambicans, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

The recipients (grantee) of these funds is responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive reinforcement of the capacity of health facilities and communities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President's Emergency Plan and the Partnership Framework for the Republic of Mozambique. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in the Republic of Mozambique will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on availability of funding and USG priorities, and based on

documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process.

Grantee activities for this program are as follows:

The grantee will be required to ensure continuity of services of the existing HHS/CDC PEPFAR PP program activities as well as support expansion in both geographical and technical scope. All activities are to be pursued in coordination with HHS/CDC and the PEPFAR team, the Government of Mozambique, and other implementing partners. The focus of further implementation in Mozambique will prioritize settings where ARV services have been developed with PEPFAR support, building on the existing PP model as described above. Grantee activities will be conducted at central level with the Government of Mozambique (GoM), and in seven provinces where HHS/CDC is supporting clinical services partners: Cabo Delgado, Nampula, Zambezia, Inhambane, Gaza, Maputo, and Maputo City. Ongoing activities in Sofala will continue to be supported by the grantee. In Nampula and Zambezia, relevant community-based activities will be coordinated with the USAID Strengthening Communities through Integrated Programming (SCIP) project; and in Gaza, Maputo, and Maputo City with USAID combination prevention RFA activities. Potential grantee activities for this program are as follows; this list is illustrative and applicants are encouraged to propose additional, evidence-based and/or best practice interventions and innovations.

1. Within the first one (1) month of the award, complete a mapping exercise that reflects existing services for PLHIV and identifies existing PP program gaps;
2. Develop a detailed implementation plan within the first two (2) months of the award;
3. In collaboration with GoM and implementing partners, rapidly scale up of services based on ongoing roll out of previously developed materials; finalize GoM approval of PP training materials if needed;
4. Support and strengthen PP activities, including (but not limited to) STI screening; family planning counseling and services; alcohol abuse counseling; treatment adherence counseling and follow-up; condom education for correct and consistent condom use, and condom promotion and distribution; and clinic-based counseling and testing for partners and children of PLHIV;
5. Support and strengthen community-based PP activities, including (but not limited to) HIV disclosure counseling and support; linkages with community care activities; condom education for correct and consistent use and condom promotion and condom promotion and distribution depending on availability of funds; and linkages with community counseling and testing services (e.g., mobile and home-based testing services) for partners and children of PLHIV;

6. Support the training of health care workers in the target facilities and community settings in PP;
7. Work closely with GoM to advance the national PP program, possibly including creation of a cadre of MOH staff to assist in PP training within each province, in partnership with the PEPFAR-supported clinical services partner working in each province.
8. Adapt and/or develop and disseminate appropriate information, education, and communication/behavior change communication (IEC/BCC) prevention materials targeting PLHIV and relevant populations (e.g., service providers, family members, etc.);
9. Work closely with GoM and implementing partners to develop a functional monitoring and evaluation approach for PP activities, including standardization of monitoring data requirements across all program sites. The grantee will ensure program data accuracy through routine quality assessment training and implementation.
10. Monitor individual components of the intervention to track inputs, and outputs and other process measures;

11. In collaboration with GoM and implementing partners, produce reports and disseminate relevant data collected from the PP program;

12. Adhere to all reporting requirement established by HHS/CDC.

The grantee must work and collaborate with other implementing agencies as well as the Government of Mozambique (GoM) at all levels. Non-local grantees are expected to establish capacity building “twinning” relationships with local organizations, to develop both comprehensive HIV services and transition planning. In this case, the grantee is expected to demonstrate measurable progressive reinforcement of the capacity of indigenous organizations and local communities to implement PP activities in response to the national HIV epidemic, towards the sustainability of activities.

Activities must be evidence-based and in line with GoM National guidelines and strategies, as well as PEPFAR technical approaches and strategies. The grantee will produce an annual operational plan, which the PEPFAR-Mozambique team will review as part of the annual Country Operational Plan (COP). The grantee will be expected to expand activities and develop larger scale programming, in scope and geographic distribution.

**CDC Activities:**

The selected applicant (grantee) of this funding competition must comply with all HHS/CDC management requirements for meeting participation and progress and financial reporting for this cooperative agreement (See HHS/CDC Activities and

Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and approve the process used by the grantee to select key personnel and/or post-award subcontractors and/or sub-grantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and approve the grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and approve the grantee's monitoring-and-evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.

6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.

12. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Supply the grantee with protocols for related evaluations.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

### **III. Award Information and Requirements**

**Type of Award:** Cooperative Agreement.

HHS/CDC's involvement in this program is listed in the Activities Section above.

**Award Mechanism:** U2G – Global HIV/AIDS Non-Research Cooperative Agreements

**Fiscal Year Funds:** 2010

**Approximate Fiscal Year:** \$1,200,000

**Approximate Total Project Period Funding:** \$5,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs and indirect costs in the case of domestic grantees.)

**Approximate Number of Awards:** 1

**Approximate Average Award: \$1,200,000** (This amount is for the first 12 month budget period, and includes direct costs and indirect costs in the case of domestic grantees.)

**Floor of Individual Award Range:** None

**Ceiling of Individual Award Range:** \$1,200,000 (This ceiling is for the first 12 month budget period and includes direct costs and indirect costs in the case of domestic grantees.)

**Anticipated Award Date:** September 30, 2010

**Budget Period Length:** 12 Months.

**Project Period Length:** Five years

Throughout the project period, HHS/CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the grantee (as documented in required reports), and the determination that continued funding is in the best interest of the U.S. Government, through the Emergency Plan review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

#### **IV. Eligibility**

##### **IV.1. Eligible applicants**

Eligible applicants that can apply for this funding opportunity are listed below:

- Public nonprofit organizations
- Private nonprofit organizations
- For profit organizations

- Small, minority, women-owned business
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized Indian tribal organizations
- Alaska Native tribal governments
- Indian tribes
- Tribal Epidemiology centers
- Indian tribal organizations
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau)
- Political subdivisions of States (in consultation of States)
- Non-domestic (non U.S.) entity

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via [www.grants.gov](http://www.grants.gov).

## **IV.2. Cost Sharing or Matching**

Cost sharing or matching funds are not required for this program. If applicants receive funding from other sources to underwrite the same or similar activities, or anticipate receiving such funding in the next 12 months, they must detail how the disparate streams of financing complement each other.

## **IV.3. Other**

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the submission requirements.

The successful applicant may be responsible for planning, implementing, and coordinating infrastructure development requirements supporting the primary public health purpose of this FOA.

### **PEPFAR Local Partner definition:**

A “local partner” may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below within that country: \*

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program

with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

(2) an entity (e.g., a corporation or partnership): (a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. \*\* A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the board may rest with the government.

The Global AIDS Coordinator may waive the above criteria where justified to address the circumstances in a specific case.

\* HHS will only implement paragraph 2 (entity) of the definition.

\*\* USAID and its partners are subject to restrictions on parastatal eligibility for USAID funding. See 22 CFR 228.33

### **Special Requirements:**

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements.

- Late submissions will be considered non-responsive. See section “IV.3. Submission Dates and Times” for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that

engages in lobbying activities is not eligible to receive U.S. Government funds constituting a grant, loan, or an award.

## **V. Application Content**

### **V.1. Address to Request Application Package**

To apply for this funding opportunity, the application forms package posted in Grants.gov must be used.

#### **Electronic Submission:**

HHS/CDC requires applicants to submit applications electronically by utilizing the forms and instructions posted for this announcement on [www.Grants.gov](http://www.Grants.gov), the official U.S. Government agency wide e-grant website. Only applicants who apply online may forego submitting paper copies of all application forms.

Registering an applicant organization through [www.Grants.gov](http://www.Grants.gov) is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of [www.Grants.gov](http://www.Grants.gov). Applicants are required to use this online tool. Please visit [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to filing an application to become familiar with the registration and submission processes. Under “Get Registered,” the one time registration process will take three to five days to complete. Only the person who registers the organization on grants.gov can submit the application. This is important to remember if the person who originally registered an organization on grants.gov is no longer working for that particular organization. HHS/CDC suggests submitting

electronic applications prior to the closing date so if difficulties are encountered in Grants.gov, a hardcopy of the application can be submitted prior to the deadline.

Foreign organizations must include a NATO Commercial and Governmental Entity (NCAGE) Code to complete their Grants.gov registration. Instructions for obtaining an NCAGE Code may be found at:

[http://www.cdc.gov/od/pgo/funding/NATO\\_Commercial\\_and\\_Governmental\\_Entity\\_12-18-06.doc](http://www.cdc.gov/od/pgo/funding/NATO_Commercial_and_Governmental_Entity_12-18-06.doc).

## **V.2. Content and Form of Submission**

### **Application:**

**A Project Abstract** must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs;
- Font size: 12 point unreduced, Times New Roman;
- Single spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
- Page margin size: One inch.

The project abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and

should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

**A Project Narrative** must be submitted with the application forms. All electronic narratives must be uploaded in a PDF file format when submitting via Grants.gov. The narrative **MUST** be submitted in the following format:

- Maximum number of pages: 25 (If the narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- If paper application submission is applicable, the application should be printed only on one side of each page and should be held together only by rubber bands or metal clips; not bound in any other way.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the "Purpose" Section at the beginning of this Announcement;
- *Project Outputs:* Be sure to address each of the program objectives listed in the "Purpose" Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:* Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this

announcement. Clearly identify specific assigned responsibilities for all key professional personnel;

- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart); and
- *Management of Project Funds and Reporting.*

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- ***Project Budget Justification:***

With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-kind support or other contributions provided by the national government and its donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

- *Curricula vitae* of current key staff who will work on the activity ;
- *Job descriptions* of proposed key positions to be created for the activity ;
- *Applicant's Corporate Capability Statement*;
- *Letters of Support* (5 letters maximum) ;
- *Evidence of Legal Organizational Structure; and*

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the [Dun and Bradstreet website](#) or call 1-866-705-5711.

Guidance that may require the submission of additional documentation with the application is listed in section “VI.2. Administrative and National Policy Requirements.”

### **V.3. Submission Dates and Times**

*Note: Application submission is not concluded until successful completion of the validation process.*

*After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.*

*In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.*

**Application Deadline Date:** TBD

**Explanation of Deadlines:** The HHS/CDC Procurement and Grants Office must receive applications by 11:59 p.m. Eastern Time on the deadline date.

#### ***Electronic Submissions:***

Applications may be submitted electronically at [www.Grants.gov](http://www.Grants.gov). Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization’s Authorizing Organization Representative (AOR) electronically submits the application to [www.Grants.gov](http://www.Grants.gov). Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically

by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped and a tracking number will be assigned, which will serve as receipt of submission. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application.

#### **IV.4. Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

#### **V.5. Funding restrictions**

Restrictions, which must be taken into account while writing the budget, are as follows:

- Grantees may not use funds for research.
- Grantees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary grantee in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or

through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

## **The 8% Rule**

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2010, the limit is no more than 8 percent of the country's FY 2010 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. PEPFAR publishes the single-partner funding limits annually as part of guidance for preparing the Country Operational Plan (COP). U.S. Government Departments and agencies must use the limits in the planning process to develop Requests for Applications (RFAs), Annual Program Statements (APSs), or

Funding Opportunity Announcements (FOAs). However, as PEPFAR country budgets are not final at the COP planning stage, the single partner limits remain subject to adjustment. The current limit applicable to this FOA is \$18,110,245 (8 percent or \$2 million, whichever is greater, of the country's PEPFAR program funding). (Grants officers should insert the following sentence if the Department or agency issues the RFA prior to Congressional appropriation and final COP approval: "Please note that the current limit is based on an estimated country budget developed for planning purposes; thus, the limit is also an estimate and subject to change based on actual appropriations and the final approved country budget.") Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S.

Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.**

For example, the proposal should state that the applicant has \$\_\_\_\_\_ in FY 2010 grants and cooperative agreements (for as many fiscal years as applicable) in the Republic of Mozambique. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA. Based on the statement of work for this RFA/APS/FOA, PEPFAR will consider awards hereunder as umbrella awards, and they will be exempt from the single-partner funding limit.

### **Prostitution and Related Activities**

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document “grantee” cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A grantee that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the grantee has a religious or moral objection. Any information provided by grantees about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any grantee must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any “exempt organizations” (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health

Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All grantees must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Grantees must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the grantee in the usual course of its operations that relate to the organization’s compliance with this section, “Prostitution and Related Activities.”

All prime grantees that receive U.S. Government funds in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., [Prime grantee's name] certifies compliance with the section, ‘Prostitution and Related Activities.’) addressed to the agency’s grants

officer. Such certifications by prime grantees are prerequisites to the payment of any U.S. Government funds in connection with this document.

Grantees' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The grantee shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the grantee has not complied with this section, "Prostitution and Related Activities."

## **VI. Application Review Information**

### **VI.1. Criteria**

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement.

Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation.

The application will be evaluated against the following criteria:

*Ability to Carry Out the Proposal (20 Points)*

Does the applicant demonstrate the local experience in the Republic of Mozambique and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Does the applicant have a strong working relationship with GoM / Mozambique Ministry of Health and ability to conduct operations in Portuguese? Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan, including the U.S. Agency for International Development? Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in the Republic of Mozambique? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support? Does the applicant have at least 5 years of documented experience in implementing comprehensive positive prevention activities in resource-limited settings in sub-Saharan Africa?

*Technical and Programmatic Approach* (20 points)

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? Does the applicant

describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? Does the application propose to build on and complement the current national response in with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? Does the application include reasonable estimates of outcome targets? (For example, the numbers of sites to be supported, number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture. Does the application demonstrate strong evidence of successful positive prevention program implementation in resource limited settings in sub-Saharan Africa? Is there documented institutional technical and management capacity and experience in management of comprehensive positive prevention programs?

*Capacity Building* (15 points)

Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations and of target beneficiaries to respond to the epidemic? If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Does the capacity building plan clearly describe how it will contribute to a) improved quality

and geographic coverage of service delivery to achieve the "3,12,12" targets of the President's Emergency Plan, and b) (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response? Does the applicant have demonstrated experience in capacity-building and training activities in HIV/AIDS leadership and management that involve relevant African Ministries, districts and local HIV/PLHIV organizations? Because of the critical need for continuity in this program, funding preference will be given to applications which include plans to transition the program to an indigenous partner during the first three years of the project period.

*Monitoring and Evaluation (15 points)*

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones?" Applicants must define specific

output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

*Understanding of the Problem (5 points)*

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? To what extent does the applicant justify the need for this program within the target community?

*Personnel (15 points)*

Does the organization employ staff fluent in Portuguese who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

*Administration and Management (10 points)*

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance

data? Is the management structure for the project sufficient to ensure speedy implementation of the project? Does the applicant have a proven track record in managing transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations; and providing technical assistance? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

Budget (Reviewed, but not scored)

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

## **VI.2. Application Review Process**

Applications will be reviewed for completeness and for responsiveness jointly by the Procurement and Grants Office (PGO) and HHS/CDC Global AIDS Program staff.

Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “V.1. Criteria” section above. All persons who serve on the panel will be external to the U.S. Government Country Program Office. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

### **VI.3 Applications Selection Process**

Applications will likely be funded in the order by score and rank determined by the review panel. However, preference in funding will be afforded to organizations that have demonstrated ability to work with Government of Mozambique, local organizations, and community-based organizations in Mozambique. For indigenous organizations, preference in funding will be afforded to organizations that demonstrate ability to utilize support from international affiliations.

Country / Region: Activities will be performed in several regions throughout the country. Consideration will be given to applications that are reaching the provinces of Cabo Delgado, Nampula, Zambezia, Sofala, Inhambane, Gaza, Maputo, and Maputo City. CDC will provide justification for any decision to fund out of rank order.

### **VI.4. Anticipated Award Announcement Date**

The anticipated date for announcing the award is **September 30, 2010**.

## **VII. Award Administration Information**

### **VII.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between

the grantee and CDC. The NoA will be signed by an authorized Grants Management Officer and emailed to the program director and a hard copy mailed to the grantee fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

## **VII.2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4            HIV/AIDS Confidentiality Provisions
- AR-6            Patient Care
- AR-8            Public Health System Reporting Requirements
- AR-9            Paperwork Reduction Act Requirements
- AR-10          Smoke-Free Workplace Requirements
- AR-12          Lobbying Restrictions
- AR-14          Accounting System Requirements
- AR-16          Security Clearance Requirement
- AR-23          States and Faith-Based Organizations
- AR-24          Health Insurance Portability and Accountability Act Requirements
- AR-25          Release and Sharing of Data

Additional information on the requirements can be found on the CDC Web site at the following Internet address: [http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm).

For more information on the Code of Federal Regulations, see the National Archives and Records Administration, at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Applicants must include an additional Certifications form from the PHS5161-1 application in the Grants.gov electronic submission only. Applicants should refer to the following Internet address:

<http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once the applicant has filled out the form, it should be attached to the Grants.gov submission as an Other Attachments Form. CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

### **VII.3. Reporting Requirements**

The applicant must provide HHS/CDC with an original, plus two hard copies, of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:
  - a. Activities and Objectives for the Current Budget Period;

- b. Financial Progress for the Current Budget Period;
  - c. Proposed Activity and Objectives for the New Budget Period Program;
  - d. Budget Narrative;
  - e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for the Republic of Mozambique;
  - f. Sf424a; and
  - g. Additional Requested Information.
2. Quarterly progress reports, due at the end of each budget period quarter. Reports should include activities for the reporting quarter, including success and challenges; activities planned for the next quarter; budget; measures of effectiveness; and, any other requested information;
  3. Annual progress report, due 90 days after the end of the budget period. Reports should include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for the Republic of Mozambique;
  4. Financial status report, due no more than 90 days after the end of the budget period; and
  5. Final financial FSR and progress reports, due no more than 90 days after the end of the project period.

These reports must be mailed to the Grants Management Specialist listed in the "VII. Agency Contacts" section of this announcement.

### **VIII. Agency Contacts**

HHS/CDC encourages inquiries concerning this announcement.

For program technical assistance, contact:

Daniel Shodell, Project Officer

Jat Complex 4, Zedequias Manganhela Ave, 267

7th Floor, Maputo, Mozambique

Telephone: 21-30 8934

Email: ShodellD@mz.cdc.gov

For financial, grants management, or budget assistance, contact:

Valerie Naglich, Grants Management Specialist

Procurement and Grants Office

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

P.O. Box 9536

Pretoria, 0001 South Africa Telephone: + 27 012 424 9011

Email: naglichv@sa.cdc.gov

For general questions, contact:

Technical Information Management Section

Procurement and Grants Office

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

2920 Brandywine Road, Mail Stop E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: [pgotim@cdc.gov](mailto:pgotim@cdc.gov)

**IX. Other Information**

Other CDC funding opportunity announcements can be found on the CDC Web site,

Internet address: <http://www.cdc.gov/od/pgo/funding/FOAs.htm> and on the website of

the HHS Office of Global Health Affairs, Internet address: [www.globalhealth.gov](http://www.globalhealth.gov).

## Appendix A.

### **Questions & Answers for Funding Opportunity Announcement CDC-RFA- PS10-1078**

- As defined by the RFA, would Moz-registered NGOs like I-TECH Mozambique and others be considered "local partners"? Or are local partners only Mozambican initiated and staffed organizations that do not have offices in other countries?

This is boiler language giving preference to local NGOs - see definition in the FOA; this does not preclude them from applying. The Funding Opportunity Announcement is open to all potential applicants identified in Section IV.1 Eligible Applicants. The definition of local partner has no bearing on eligibility.

- For evidence of legal organizational structure: does this include I-TECH Mozambique's registration documents/license as well as those of the university that would be prime on this grant? Do you also need an organizational chart and does it have to be person-specific? Anything else to cover that requirement?

They will need to show documents that register them as an NGO in the US (this is the same required info included in all our FOAs) if they are applying from the US. This will also benefit from including an organizational structure that shows how that structure will support and address the needs of the FOA.

- Can we only get our answers from Grants.gov Q&A, or will you forward CDC-MOZ response?

Answers will be provided via Grants.gov. You will be notified via email when the Q&A is posted.

- We need clarification about the 8% rule mentioned on page 14 of this RFA. I believe that this means we apply the 8% indirect rate to this grant (as it has for the last 4 years that we've been receiving this grant through AIHA). Others think it means we can use the 26% (off campus) indirect rate, as long as doesn't exceed \$2M.

As far as the 8% rule is concerned, it affects our award decision. As stated in the FOA, any applicant whose total PEPFAR funding for the country in a US fiscal year exceeds the 8% or \$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this FOA unless the US Global AIDS Coordinator approves an exception to the cap. All of this is clearly stated in the FOA.